

**EXECUTIVE LOBBYING
REGISTRATION/ RENEWAL FOR
THE YEAR OF 2005**
(Fill in year.)

63
Executive Lobbyist Registration No.

FOR OFFICE USE ONLY

Postmark Date: 04/14/05

Reg. 2005
013356
\$110.00 w/8

3050056

Instructions

- Print in ink or type.
- Complete form and return with \$110 registration fee to the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME Gautreaux Cathy F
Last First MI

2. BUSINESS PHONE (225) 928-5682
Area Code and Phone Number

3. FAX NUMBER (225) 928-0500

4. BUSINESS ADDRESS 4838 Bennington Avenue, Baton Rouge, LA 70808
Street and No. City State Zip

MAILING ADDRESS P.O. Box 80278, Baton Rouge, LA 70898
Street and No. City State Zip

5. EMPLOYER Louisiana Motor Transport Assn., Inc.

6. EMPLOYER'S ADDRESS 4383B Bennington Avenue, Baton Rouge, LA 70808
Street and No. City State Zip

7. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name Louisiana Motor Transport Assn., Inc.

Address 4838 Bennington Avenue, Baton Rouge, LA 70898

Business or purpose Non-profit trade association representing the trucking industry

Does this person pay you? Yes

If No, who pays you? _____

2005 APR 15 PM 2:52
ETHICS REGISTRATION
CAPITAL FINANCE
RECEIVED

EXECUTIVE LOBBYING REGISTRATION FORM

Executive Lobbyist Registration No. _____

2. Name _____
Address _____
Business or purpose _____
Does this person pay you? _____
If No, who pays you? _____
3. Name _____
Address _____
Business or purpose _____
Does this person pay you? _____
If No, who pays you? _____
4. Name _____
Address _____
Business or purpose _____
Does this person pay you? _____
If No, who pays you? _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by LSA-R.S. 49:71 et seq. has been deliberately omitted.

Carly Z. Santolucito
Signature of Lobbyist

